Information about the Healthc	alth Officer Order No. C19-16-I:
Information about the Healthcare Provider/Testing Facility	
(Name of Treating Physician/Testing Facility)     (H)	hon o Numh on)
(Name of Treating Physician/Testing Facility)       (Phone Number)         Information about the Individual	
	Date of Birth:
(Name of Individual)	$\overline{(MM/DD/YYYY)}$
(Address of Individual)	(Phone Number)
Test	ng
If Individual was tested,	
When: ( / (Data)	
When://(Date)	
(MM/DD/YYYY)	
1. Results of test:	
Positive	
Pending Nagativa	
2. Lab sent to:	
2. Lao sent to	
Affirmation	
On// (Date; MM/DD/YYYY)	
On// (Date; MM/DD/YYYY) I served the Patient/Individual named above with a copy	of this Order by:
I served the Patient/Individual named above with a copy	of this Order by:
	of this Order by:
I served the Patient/Individual named above with a copy	of this Order by:
I served the Patient/Individual named above with a copy In-person. Electronic mail at	of this Order by:
I served the Patient/Individual named above with a copy In-person. Electronic mail at (Email address)	of this Order by:
I served the Patient/Individual named above with a copy In-person. Electronic mail at (Email address) First class mail at	of this Order by:
I served the Patient/Individual named above with a copy In-person. Electronic mail at	different than above) and I spoke with the individual
I served the Patient/Individual named above with a copy In-person. Electronic mail at (Email address) First class mail at (If different than above) Phone at(If who affirmatively identified themselves as the indiv	different than above) and I spoke with the individual dual named in this Order. I then
I served the Patient/Individual named above with a copy In-person. Electronic mail at	different than above) and I spoke with the individual idual named in this Order. I then ired to isolate as set forth in the <i>Health Officer Order</i>
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At the County's Alternate Ca	are Site
Location identified by the County (at address below)	
(Place of Isolation/Address).	
Date: / /	Name:
$\overline{(MM/DD/YYYY)}$	(Name of Person serving this Order)
Warning:	
This form is an official service of isolation order document intended for the use of Healthcare Providers	
or County personnel acting in compliance with Sonoma County Public Health Officer Order 19-16-I.	
Submission by members of the general public is <u>not</u> authorized.	
For treating providers, when complete, either attach this form to an email and send to phnurse@sonoma-	
<u>county.org</u> or fax the completed form to (707) 565-4565.	